A HOLISTIC PSYCHOTHERAPEUTIC APPROACH FOR THE MANAGEMENT OF OBSESSIVE COMPULSIVE DISORDER

Synopsis

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Introduction:

Human life is more precious than the other species. Most inclusively we can say that it is the platform for all higher achievements. Some eminent person said that it is the bridge between positive and negative pole. Our positive development leads us to higher achievements and negativity generates many abnormalities. Present era is era of science and development which tries to make easier and more comfortable life than the one man led in the past. We invent and discover lot of things that are all for the betterment of life. But still we are in danger because of disharmony between internal and external development. Disharmony in life always creates lots of problems, both physical and psychological.

Everyone realizes that mental health is more important than the physical health. One can manage himself, if he is physically unwell and the society also provides him the physical and moral support but if same person suffers from psychological problem, it is more difficult for him to manage by himself and the society instead of helping him, tags him with a social stigma and discriminates with him. That is why everyone hides their psychological problems from the society until it starts interfering with their personal and social lives.

Obsessive-compulsive disorder is a neurotic disorder because a severe anxiety of disability is at its core and also is its principal and most obvious manifestation. Diagnostically, Obsessive-compulsive disorder (OCD) is defined as the occurrence of unwanted and intrusive obsessive thoughts or distressing images; which are usually accompanied by compulsive behaviors designed to neutralize the obsessive thoughts or images or to prevent some dreaded events or situations. The presence of obsessions or compulsions or both of them, characterize obsessive-compulsive disorder. The obsessions and/or compulsions cause marked distress, are time consuming, and interfere with a person's normal function.

Obsessive-compulsive disorder is one of the psychological problems which are rarely diagnosed because of the poor insight about the disease and due to strong social stigma attached with mental problem. Rapoport (1990) states "obsessive compulsive disorder remains one of the least understood, least diagnosed, and most disabling of the anxiety disorders." The worldwide prevalence of obsessive-compulsive disorder (OCD) is approximately 2% of the general population.

Symptoms of OCD include fear of contamination by dirt or germs; constant checking; repetitive, intrusive thoughts of a somatic, aggressive, or sexual nature; extreme slowness; and an inordinate concern with orderliness and symmetry. The most common complication of OCD is depression (Sasson, 1997).

Obsessive-compulsive disorder (OCD) usually begins in adolescence or in early adulthood, but may begin in child hood. When Obsessive-compulsive disorder starts in childhood it is more common in boys than in girls. The usual time of onset is later for females than males, so the disorder is equally common among adult men and women (Rasmussen and Eisen, 1990). Depression is very commonly associated with Obsessive-compulsive disorder. It is estimated that at least half of the patents of Obsessive-compulsive disorder have major depressive episodes while many others have mild depressions. Without treatment, Obsessive-compulsive disorder usually follows a chronic course and some individuals may get serious disabled with this illness.

Today a number of approaches work on this field both in physiological and psychological way but no one is certain about the root cause of disorder because many factors play a significant role on a person individually or collectively, and for this reason different approaches explain the causes differently. According to psychoanalysts, the intense conflict that may develop between impulses from the id and ego leads to the development of defenses that may ultimately produce obsessive-compulsive symptoms. This model emphasises only on unconscious internal events and conflicts of person. Behavior theory explains obsessions as conditioned stimuli to anxiety. Compulsions have been described as learned behavior, which decreases the anxiety associated with obsessions. This model emphasizes only on behavior and the way in which it is learned. The cognitive explanation of obsessive-compulsive disorder is due to over interpretation of unwanted thoughts. This theory emphasizes only on the thinking that underlies behavior and according to the biological view it occurs due to abnormally low activity of the neurotransmitter serotonin, and abnormal functioning in keys areas of the brain. Biologists see only physical process as the key to human behavior. Given their different assumptions and concepts, the models are sometimes in conflict and those who follow one perspective often scoff at the naive interpretations, investigations, and treatment efforts of others. Yet none of the model is complete in itself. Each focuses on one aspect of human functioning.

As far as the management approaches are concerned, currently, there are two widely utilized treatment approaches: pharmacological management and behavioral modification in the form of exposure and response prevention.

Pharmacological management: Certain antidepressant drugs are very useful in the treatment of Obsessive-compulsive disorder (Gorman & Kent, 1999). Not only do they increase brain serotonin activity; they also produce more activity in the orbital region and caudate nuclei, the brain areas that have been implicated in the disorder (Baxter et al., 2001, 1992). Medications that affect the neurotransmitter serotonin are seen to be the only class of recent medication studies that reasonably effect well in treating persons suffering from Obsessive-compulsive disorder. These selective serotonin-reuptake inhibitors (such as Clomipramine and Fluoxetine) appear to reduce the intensity of the symptoms of this disorder, with approximately 50 to 70 percent of obsessive-compulsive disorder clients showing at least 25 percent reduction in symptoms (relative to 4 to 5 percent on placebo) (Dolberg et al., 1996a, 1996b). Some clients may show greater improvement than this, but approximately 30 to 50 percent do not show what is considered to be clinically significant improvement. The obsessions and compulsions do not usually disappear totally but on average they are reduced to a half within eight weeks of treatment (De Veaugh Geiss et al., 1992) People whose improvement is based on the drug alone, however, tend to relapse if the medication is stopped (Maina & Bogetta 2001).

A major disadvantage of drug treatment for Obsessive-compulsive disorder, as for other anxiety disorder, is that relapse rate is very high following discontinuation of the drug (approximately 90 percent, Dolberg et al., 1996). In the market numbers of medicines are available but they cause many side effects and relapse rate is very high approximately 90% when discontinue the medicine.

Behaviour Therapy: In Rachman's (1985) procedure *Exposure and Response Prevention*, A behaviour treatment for Obsessive-compulsive disorder is the one that exposes clients to anxiety arousing thoughts or situations and then prevents them from performing their compulsive acts. Expose and response prevention has been offered in both individual and group therapy. The clients who receive the treatment sixty percent overcome all their symptoms, and as many as one quarter fails to improve at all (Marks & Swinson, 1992; Greist, 1990). Also, the approach is of limited help to those who have obsessions but not compulsions (Hohagen et al., 1998). After all, the

treatment affects obsessions by blocking closely linked compulsive acts. Finally, the favorable results come mainly from studies of cleaning and checking compulsions. The effectiveness of this approach with other kinds of compulsions is unclear (Ball, Baer, & Otto, 1996).

In the preset research work researcher specially designed a Holistic Psychotherapeutic Approach for the management of Obsessive-Compulsive Disorder. In holistic approach a general label is applied to any method that focuses on the whole living organism. The holistic approach means the sum of those techniques which effect on physical, mental, and emotional dimensions of organism. The package includes- Free-Association, Yoga-Nidra, Pranayama, Gayatri mantra and Herbal medicines as holistic psychotherapeutic approach because the researcher uses these techniques for the psychological benefit of patients.

Free-Association is a psychodynamic technique in which the patient describes any thought, feeling, or image that comes to mind, even if it seems unimportant the assumptions is that kind of free flowing, uncensored talking will provide clues to unconscious material (Comer, 2002). Freud, Sigmund (1933) says that free association is very effective technique to uncover unconscious events and conflicts. The yogic practices such as Yoga-Nidra help in relaxing both body and mind and minimize the tension and stress (Bahrke, 1979). Pranayama means controlling technique of breath; by controlling of breath one can also control his mind. The researchers have concluded that Pranayama reduce the level of anxiety (Khalsa, & Beckett (1996). Herbal medicines are very effective and help in strengthening the nervous system and reduce neuropsychological problems specially anxiety neurosis (Singh & Dhawan, 1997). Gayatri Mantra inspires wisdom. It means that May the Almighty God illuminate our intellect to lead us along righteous path. The Gayatri Mantra (the successive sounds of the Sanskrit syllables and words) works with the subtle impressions in our mind that are the source of negative thinking and calms mental noise. Selwamurthi, (1998) in his research, 'physiological effects of mantras on mind and body' conclude that it effects on Nervous system and reduce stress.

In the present study, researcher assumed that the combination of some selective therapeutic techniques would enhance the effectiveness of treatment and also help to resolve the problem effectively in short period of intervention.

To know the types of work have been done in this field, the researcher reviews some of the previous researches:-

REVIEW OF RESEARCH

Arora (1965) Jatamansone (active element of herbal medicine- *Jatamansi*) was tested by him in a double blind clinical trial covering 28 patients of moderate to severe hypertension (12 non-hospitalized and 10 hospitalized patients were treated at safdarjang Hospital, New Delhi and 6 patients were treated at K.E.M. Hospital, Bombay). It was given in an oral dose of 10 mg per day for 10 days. Jatamansone lowered the blood pressure in patients in supine as well as standing position. The hypotensive effect was manifested within 6-8 hrs. The peak effect was occurring between 12-14 hrs and well occasionally delayed unto 48 hrs. All the patients were constantly observed for signs of postural hypotension, but none of the patients had this side effect after the dose was stabilized. The only side-effect observed was a mild degree of dryness of the mouth in one patient.

Simonton (1972) found in controlled trials that a specific form of *Yoga nidra* significantly increased the life span of cancer patients.

Mahal et al., (1976) A compound Ayurvedic preparation comprising *Nardostachy jatamansi (Jatamansi), Centella asiatica (Brahmi), Acorus calamus (Vacha), Rauwolfia serpentine (Sarpgandha), Sausurea lappa as also Valeriana wallichi (Tagara)* species was administered to 20 inpatients of Schizophrenia. The trial was conducted as a double blind study in comparison with placebo as well as chlorpromazine. The Ayurvedic preparation and chlorpromazine were found to be almost equal in reducing the various mental symptoms of the schizophrenic patients. The compound preparation was also significantly more effective in this respect than the single drug, while patients on placebo treatment did not show any improvement.

Bahrke (1979) concluded that the practice of yogic relaxation was found to reduce tension effectively and improve the psychological well being of sufferers from anxiety.

Cooper & Aygen (1979) reported that *Yoga nidra* significantly lowered the serum cholesterol level in cardiac patients.

Singh & Singh (1980) studied the effect of *brahmi* on anxiety neurosis (clinical anxiety levels, maladjustment levels, mental fatigue rate, and immediate memory span). The patients who took *brahmi* had a 20% reduction in anxiety levels. Their maladjustment and mental fatigue were significantly lower than that of before the treatment and their immediate memory-span scores were significantly increased.

Erskine & Schonell (1981) studied in effect of various stages of *Yoga nidra*, like *sankalpa*, muscular relaxation, breath awareness and guided imagery. They found it as significant & effective model of therapy for asthmatics.

Mathew (1981) reported that *yoga nidra* was a successful therapy for both recent and long-standing psychological disturbances of all kinds, especially high anxiety levels and neurotic behavior patterns.

Agarwal, Aruna, Pandey, & Dubey. G.P (1993) A group of 172 patients with mild, moderate or severe mental deficiency was administered Brahmi, an indigenous plant (500mg, 3 times a day) in syrup form continuously for one year. Another group of 114 Ss was also administered placebo during the same period. The use of Brahmi significantly improved concentration ability, memory span and over all mental performance of Ss with mild and moderate mental deficiency. There was no adverse side effect.

Biswas, Biswas & Chattopadhyay (1995) compared the efficacy of 3 different relaxation techniques, namely- Broota Relaxation Technique, Jacobson's Progressive Relaxation Technique and Shavasana in reducing symptoms of hypertension. The sample comprised 40 patients selected from clinics of West Delhi who were suffering from hypertension. Total of 8 sessions on 8 consecutive days were taken. The results showed that shavasana was the most effective therapy in reducing symptoms of hypertension.

Khalsa & Beckett (1996) investigated the clinical efficacy of yogic techniques in the treatment of eight adults with obsessive-compulsive disorder (OCD). A specific yogic breathing pattern was prescribed for the treatment of Obsessive Compulsive Disorder, as well as others for treating generalized anxiety. One-year course of therapy was used. The result of scale score showed significant positive improvement on the level of Obsessive Compulsive Disorder and Anxiety.

Gail & Kinlan (1997) studied the psychoanalytic treatment of childhood anxiety. The study consisted largely of case reports on the treatment of children with phobias, school refusal, and anxiety symptoms comorbid with other difficulties. Review of Anna Freud center's records of 352 children were diagnosed with DSM-III-R disorders, primarily anxiety and depressive disorder that were treated with psychoanalysis therapy. The result showed significant reduction in anxiety and depression level.

Mangalteerthan (1998) concluded on the basis of his study that the practice of *Yoga-nidra* brought alpha dominance in the brain, which was characterized by mental relaxation.

Gangdev (1998) concluded that religious faith has a healing effect and it helped in rapid resolution of obsessions.

Franklin et al., (1998) This clinical trial examined the effectiveness of cognitive-behavior treatment involving exposure and ritual prevention for 14 children and adolescents with OCD. Twelve of the 14 patients improved at least 50% and the vast majority remained improved at follow-up.

Wetzel, Bents & Florin (1999) studied in effect of individual behavior therapy (2-3 weeks of all day behavior therapy) of 85 hospitalized patients with Obsessive Compulsive Disorder at 1-year follow-up. 75% of patients improved very much after the therapy. The long-term benefits for high-density treatment of

unselected Obsessive Compulsive Disorder patients were as good as behavior therapy performed with selected patients in research settings.

Shealy (1998) concluded on the basis of study that Yoga-Nidra was a successful treatment for insomnia.

Rodenback, (1999) Conclude that Bhramri pranayam significantly reduce stress and anxiety after one month practice.

Franklin, Abromowitz & Kozak (2000) studied the efficacy of behavior therapy (exposure and ritual prevention) for reducing symptoms of Obsessive Compulsive Disorder. They were demonstrated in several randomized controlled stuedies. In this study they measured the treatment outcome from 110 patients receiving behavior therapy. The experimental group showed significant reduction in symptoms of Obsessive Compulsive Disorder as compared controlled group.

Bhushan & Sinha (2000) reported that the practice of *Yoga nidra* significantly reduced the level of anxiety.

Kohli, Verma & Nehra (2000) determined the efficiency of psycho relaxation and medical therapy in case of Generalized Anxiety Disorder (GAD). Taken a sample of 25 patients (age group 18-25 years). These patients were randomly assigned to anti-anxiety medication or psycho relaxation (breathing relaxation) for one month. Results indicate that relaxation techniques were at least as effective as conventional anxiolytic medication in the treatment of Generalized Anxiety Disorder.

Stough et al., (2001) a double blind study on 46 healthy adults. They were administered either 300mg of *Brahmi* or placebo. After 12 weeks, the group that took *Brahmi* had a 13 percent improvement in learning and memory. The most striking result was the significant reduction in Anxiety in those who received *Brahmi.*

Sakthignanavel, Tin & Vaithianathan (2002) studied in effect of continuous running, yogic pranayama and combination of continuous running and pranayama on the anxiety state. Sixty normal male volunteers underwent for 14 weeks' training course. The result showed significant reduction in anxiety of pranayama group compared to contineuos running group and control group.

Miyard, (2002) On the basis of experimental study, he reported that the practice of Bhramari pranayam significantly reduce anxiety.

RESEACH PROBLEM:

- "To study the effect of holistic psychotherapeutic approach on Obsessive-Compulsive Disorder (OCD) patients."

OBJECTIVES:

- The objective of researcher was to provide a maximum relief to the Obsessive Compulsive Disorder (OCD) patients (with the combination of different techniques) in a short period of intervention.
- To study the effect of Holistic Psychothereutic Approach on Obsessive Compulsive Disorder (OCD) patients.
- To study the effect of Holistic Psychothereutic Approach on Obsessive Compulsive Disorder among male patients.
- To study the effect of Holistic Psychothereutic Approach on Obsessive Compulsive Disorder among female patients.

VARIABLES:

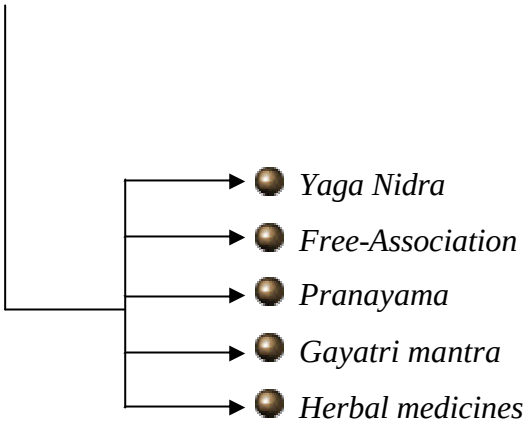
Independent Variable-

- *Holistic Psychotherapeutic Approach*

Dependent Variable-

- *Obsessive Compulsive Disorder(OCD) Patients*

Holistic Psychotherapeutic approach includes:-



Independent variables-

YOGA-NIDRA

Yoga-Nidra is one of the practices of *Pratyahara* where the awareness is internalized. Literally, *yoga-Nidra* means 'psychic sleep' i.e. sleep with full awareness. In the practice of yoga nidra the body sleeps but the mind remains awake listening to the instructions. In this threshold state between sleep and wakefulness, contact with the subconscious and unconscious dimensions occurs spontaneously. In psychology, the state achieved in yoga nidra is turned the hypnogogic state, a state between sleep and wakefulness. Yoga nidra has it origin in the ancient tantric practice called *Nyasa*. It was Swami Satyananda Saraswati (1998) who adopted and presented the practice of yoga nidra in a systematic and scientific way in the 1966s. Swami Satyananda (1998) says,"Any thing in life can fail you but not the sankalpa made during yoga-nidra". Motthew (1981) reported that yoga nidra is a successful therapy for both recent and long-standing psychological disturbance of all kinds, especially high anxiety levels and neurotic behaviour patterns.

The Practice of Yoga nidra is divided into the following stages:-

Preparation: - Yoga nidra is performed in the posture of shavasana, with the eyes closed. In this stage, initial relaxation of the body and mind is induced by the awareness of

stillness, comfort, posture, position, breath and listening to the external sounds with the attitude of a witness.

Sankalpa: **-** When the body and mind are relaxed, then the practitioner is instructed to take a resolve according to his or her own wish. The sankalpa should be short, clear and positive. The practitioner repeats the selected sankalpa three times mentally, with full determination, conviction and confidence.

Rotation of consciousness: **-** In the third stage, the awareness is rotated around the different body parts in a systematic and organized manner. The practitioner is instructed to remain aware, to listen to the instructions and to move the mind very rapidly according to the instructions without working any physical movements. The rotation of awareness in yoga nidra follows a definite sequence: right side of the body, beginning with the right hand thumb and ending with the little toe of the right foot; left side of the body, from the left hand thumb to the little toe of the left foot; back of the body, from the heels of the back of the head; and lastly the front of the body, from the forehead and individual features to the legs.

Breath awareness: **-** In this stage, one simply become aware of the natural breath without making an attempt to change the flow of the breath. One may become aware of the breath by watching it in the nostrils, chest and abdomen, or in the passage- between the navel and the throat. The practitioner becomes aware of each incoming and outgoing breath by counting them mentally.

Opposite feeling and sensations: **-** In this stage, the physical or emotional sensations are recalled, intensified and experienced fully. Usually this is practiced with pairs of opposite feeling or sensations like heat and cold, heaviness and lightness, pain and pleasure, love and hate, and so on.

Visualization: **-** The last stage of yoga nidra induces mental relaxation. In this part of the practice, the subject visualizes the images named or described by the instructor. Since the images that are used often have universal significance and powerful associations, they bring the hidden content of the deep unconscious into the conscious mind. (Note: Here we used yoga nidra as a therapeutic practice (as CBT) that is why we will give some specific instructions to the patient according to their condition for more psychological benefit).

Sankalpa: - Once again the sankalpa, taken in stage two, is repeated mentally three times in this stage with full dedication, faith and optimism.

Ending the practice: - Before ending the session of yoga nidra, slowly the awareness is externalized by asking the practitioner to become aware of the external sounds, objects and persons. They are asked them to slowly move the body parts and to stretch the body.

PRANAYAMA

Pranayama is generally defines as breath control. The word pranayama is comprised of two roots: *prana* plus *ayama.* Prana means vital energy or 'life force' and Ayama is defined as extension or expansion. This word pranayama means extension or expansion of the dimension of prana. The techniques of pranayama provide the method whereby the life force can be activated and regulated in order to go beyond one's normal boundaries or limitations and attain a higher state of vibratory energy. Pranayama practices establish a healthy body by removing blockages in the pranamaya Kosha, enabling an increased absorption of prana.

D. S. Shannahoff Khalsa et al. (1996); D. Sakthignanavel (2002) found significant result of pranayama on OCD and anxiety.

In this present research work we will use pranakarshana pranayama and Bhramri pranayama. Pranakarshana pranayama.technique formulated by Pt. Shriram Sharma Acharya. Characteristic of will, feeling and determination add to so many important and consequences multiplied. General action seem and prove in magic form while in the absence of above characteristic, the whole activity are most seem positively as expected success of pranakarshana pranayama is totally based on strength of determination.

Pranakarshana Pranayama

Process-

- Sit in any comfortable meditation posture; keep the head and spine upright. Relax the whole body and close the eyes. Now meditate (imagine) that whole sky is enlightened with light and energy due to prana tatva. The dense clouds

of hot vapour and shining light of the sun have surrounded us and we are sitting in peace, calm and smiling.

- Now inhale slowly and feel that white cloudy prana tatva are entering in the body, like birds come to their nests, snakes enter their house and feel the prana is spreading in brain, chest, heart, stomach, intestine and all body parts.
- When we have inhale completely grasp it and feel that our organs of body are absorbing in addition to this conscious, light, strength, enthusiast, courage, patience etc element penetrate in our body.
- Now exhale slowly and feel that essence of prana you has been digested and all dust of body like fear, anger, anxiety, stress are coming out in the form of black smoke.
- When exhale completely stops breath for few second and feel that all negative element-, which exhale just now, is move away from our surrounding.

2. Bhramari Pranayama

Process: -

- Sit in a comfortable meditation asana. The spinal cord should be erect, the head straight and the hands resting on the knees in chin or jnana mudra. The ideal posture for this practice is padmasana.
- Close the eyes and relax the whole body for a short time. The lips should remain gently closed with the teeth slightly separated throughout the practice. This allows the sound vibration to be heard and felt more distinctly in the brain. Make sure the jaws are relaxed.
- Raise the arms sideways and bend the elbows, bringing the hands to the ears. Use the index or middle finger to plug the ears. The flaps of the ears may be pressed without inserting the fingers. Bring the awareness to the centre of the heard, where ajna chakra is located, and keep the body absolutely still.
- Breathe in through the nose. Exhale slowly and in a controlled manner while making a deep, steady humming sound like that of the black bee. The humming sound should be smooth, even and continuous for the duration of the exhalation. The end of exhalation, breathe in deeply and repeat the process.

GAYATRI- MANTRA

"Aum Bhoor Bhuwah Swaha Tat Savitur Varenyam Bhargo Devasaya Dheemahi Dhiyo Yo Naha Prochodayat."

Summary of the Mantra:-

"Oh God! Thou art the Giver of Life, Remover of Pain and Sorrow, The Bestower of happiness, Oh! Creator of the Universe, May we receive thy supreme sin-destroying light, May Thou guide our intellect in the right direction."

The entire Vedic literature and the sages and savants of the shastric scriptures have given paramount importance to the Gayatri Mantra.

Rishis selected the words of various Mantras and arranged than so that they not only convey meaning but also create specific power through their literature. Gayatri Mantra inspires wisdom. It's meaning is that May the Almighty God illuminate our intellect to lead us along with righteous path". The Gayatri Mantra works with the subtle impressions in our mind that are the source of negative thinking. It calms mental noise, washes off karmic impurities purify the ego, sharpness the Intelled, and illuminates our inner body.

The Gayatri mantra is the most powerful mantra of purification and transformation known to the yogic traditions. I would like to elaborate on its effects on human consciousness. The Gayatri is designed to expand consciousness in multiple directions. It facilitates healing and releases karma (Sai Baba, 1995), as the process of chanting it shakes loose the fetters of suffering. The successive sounds of the Sanskrit syllables and words are designed to move the individual into different states of spiritual consciousness (Saraydarian, 1989), first of all by calming the mind and body, then through activating the energy centers of the body, which brings about a deeper connection with internal essence. It is an invocation for enlightenment that can have the effect of drawing other individual into the experience of stages of expansion of consciousness, propelling the devotee into different cognitive/perceptual states. The tonal design of the sounds produces purification and integration, so that the individual at the physical, emotional and mental level becomes more open and receptive to inner guidance. From this foundation other levels of enlightenment and openness ensue. The Gayatri mantra is a meditation on OM. The sound to it is designed to move an

individual from the realms of existential reality to the experience of the transcendental absolute dimension. Thus the Gayatri mantra incorporates all components of OM symbolism- a prayer to Divine Reality for human enlightenment.

This mantra is related to the sun, to solar energy not to energy as an intelligent, divine energy just as everything in the solar system is dependent on the sun, so does all knowledge have its source in the Gayatri Mantra. That is why it is called the mother of knowledge (Veda-Mata).

Japa is a scientific process of inward orientation of mind. The japa of the *Gayatri Mantra* enables a harmonious linkage and flow of the individual consciousness with the cosmic consciousness. In terms of spiritual elevation these correspond to , *Self-Analysis, Self-Refinement, Self-Development and Self-Realization.* These are gradual steps of the realization through japa Sadhna. These can elevate the devotee's personality out of the darkness of ignorance into the light of divine wisdom (Pandya, 2003). Selwamurthi (1998) in his research physiological effects of mantras on mind and body conclude that it effect on Nervous system and reduce stress.

HERBAL MEDICINES:

Ayurveda, which means "life sciences" in Sanskrit, is a holistic system of Indian medicine that involved between 3000 and 5000 years ago. Ayurveda embraces aspects of well-being of living creatures, physical, mental and spiritual. Ayush (life) is defined as a combination (togetherness) of body, sense organs, mind and soul.

Ayurveda is thus the science of life, knowledge about life or a sensible way of living based on knowledge. It is also a system of medicine in the sense that it systematizes and applies the knowledge about health and disease, i.e. of balanced and unbalanced states of living beings and how unbalanced states can be corrected and the restored balanced maintained.

Generally we are accustomed to the term Ayurvedic Medicine and look upon Ayurveda as a therapeutic system, perhaps unaware that the original meaning of the Greek term therapy (therapeia) means *"Service"* one aspect of service is healing. The term phototherapy (from phyton = "plant" and therapeia = "service") thus literally means "service through plants" (herbal medicines).

In the present research work we have consult with many Ayurvedic doctors and finally include some selective and effective herbs which are directly or indirectly effect on CNS. They are follows-

⟶ Brahmi, Vach & Jatamansi

ckãh eèkk tuuh jlkfèkdk llryk p ;ofrDrkA
Quorh p tydk 'kCnh i;k;okpd% dfFkrkAA ¼v- e-½

ckãh fgekjk'kfrdk y?keè;k p 'khrykA
d"kk;k eèkjk Loknikdk··;";k jlk;uhAA ¼Hkk- i-

ckãh frDrk ljk eè;k d"kk;k Loknikdr%A
Lo;k Lefrink··p";k ikDrk lk p jlk;uhAA
mUeknkiLefr gU;kr fo"k'kkdTojkigkA
dQokrkigk lo ik.Megkldklftr AA ¼Lo-½

H.K. Singh & B.N. Dhawan (1997) reports that **Brahmi** is very effective medicine for neuropsychological problems specially Anxiety neurosis.

tVkeklh HkrtVk tfVyk p rifLouhA
eklh frDrk d"kk;k p eè;k dkfUrcyinkAA ¼Hkk- i-½

eklh frDrk d"kk;k p eè;k dkfUrcyinkA
Lok}h f=nk"klnkèohlid"BurAA ¼jk- fu-½

Jatamansi is cooling, nervine tonic, intellect promoting. It is useful in epilepsy, hysteria, convulsions, neurosis, hypertension.(**P.K. Warrier; V.P. Nambiar & C. Ramankutty, 1996, vol.IV, p. 104-107**.)

eè;k dQgjk po frDrk dVoh foikdr% A
mUeknkiLefrgjk j{kkguh p opk erk AA ¼e- fu-½

opk".kk dVdk frDrk okeuh Lojogfudr A
viLekjdQkUekn Hkr'kykfuyk´ t;rAA¼e- ik- fu-½

opk;";k orkdQr".kkguh Lefrof)uhA ¼jk- o-½

viLekjdQkUeknHkr tURofuyku gjrA ¼Hkk- i-½

Vacha is nervine tonic, stimulant, intellect promotive, tranquelling. It is useful in epilepsy, hysteria, insanity, anxiety, depresion and other mental disorder (**Dr. D.N.V. Kurup et al, 1979, p. 223; Prof. P.V. Sharma, 2001, p. 28-31).** Usefulness of drug in mental disorders (Sachitra Ayurveda, 1979-80, 32, 443).

FREE ASSOCIATION

Free association is technique of Psychodynamic therapy. Sigmund Freud (1856-1939) is considered the father of psychoanalysis. Psychoanalysis is an insight therapy that developed by Sigmund Freud (1856-1939) which emphasizes the recovery of unconscious conflicts, motives, and defenses through techniques such as free association and dream analysis. Freud adopted the method of free associations during 1892-1898, starting from several criteria. The method was to replace the use of hypnosis in the exploration of neurotic. Freud believed that neurotic problems are cause by unconscious conflicts left over form early childhood. He thought that these inner conflicts involved battles among id, ego, and superego, usually over sexual and aggressive impulses.

Dependent Variable-
OBSESSIVE-COMPULSIVE DISORDER

Obsessive Compulsive Disorder (OCD) is an anxiety disorder because anxiety of disability intensity is at its core and also as its principal and most obvious manifestation.

Diagnostically Obsessive-compulsive disorder **(OCD)** is defined by the occurrence of unwanted and intrusive obsessive thoughts or distressing images; these

are usually accompanied by compulsive behaviors designed to neutralize the obsessive thoughts or images or to prevent some dreaded event or situation.

According to DSM-IV, a diagnosis of obsessive-compulsive disorder may be called for when obsessions or compulsions feel excessive or unreasonable, cause great distress, consume considerable time, or interfere with daily functions. Obsessive-compulsive disorder is classified as an anxiety disorder because the victims' obsessions cause great anxiety, while their compulsions are aimed at preventing or reducing anxiety.

The diagnostic and Statistical Manual of the amarican Psychiatric associations (DSM-IVTR) defines obsessions as follows:

1. Recurrent and persistent thoughts, impulses or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress.
2. The thoughts impulses or image are not simply excessive worries about real life problems.
3. The person attempts to ignore or suppress such thoughts, impulses or images or to neutralize them with some other thoughts are actions.
4. The person recognizes that the obsess ional thoughts; impulses or images are a product of his or her own mind (not imposed from without as in thoughts insertion).

The DSM-IVTR defines compulsion as:

1. Repetitive behaviors (eg. Hand washing, ordering, checking) or mental act (eg. Praying, counting, repeating words, silently) that the person feels driven to perform a response to an obsession, or according to roles that must be applied rigidly.
2. The behaviors or mental acts are aimed at preventing or reducing distress or preventive some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.

DSM-IVTR Checklist: -

Obsessive-compulsive Disorder:-

- The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour per day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities.
- At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable.
  (Note: this does not apply to children.)

Based on APA, 2000, 94.

Hypotheses:-

- There is a significant positive effect of Holistic Psychotherapeutic Approach on the level of obsession compulsion disorder Patients.
- There is a significant positive effect of Holistic Psychotherapeutic Approach on the level of obsession compulsion disorder among male patients.
- There is a significant positive effect of Holistic Psychotherapeutic Approach on the level of obsession compulsion disorder among female patients.

METHODOLOGY:

Research Design- *Pre-test &Post-test Group Design*

Population: *OCD Patients*

Sampling: *Quota Sampling*

Sample Size- *60 OCD Patients (30 male patients & 30 female patients)*

Treatment Schedule-

In each session 60 minute therapy would be provided to the patients for forty five days.

- *Pranakarshan Pranayama - 10 min.*
- *Gayatri mantra -10 min.*
- *Free Association - 20 min.*
- *Yoga Nidra - 20 min.*
- *Herbal medicines (Twice a day)*

Tool:

- *OCD- Test (Test Will be Developed)*

Statistical Analysis:

- *Suitable Statistical analysis will be used*

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